Medical Students, Sidelined for Now, Find New Ways to Fight Coronavirus

“I was supposed to start a palliative care rotation on Monday, and I can’t, and I won’t get those skills,” said Jake Fox, a fourth-year medical student who helped coordinate the effort, and who will start his residency at Massachusetts General Hospital in Boston in June. “That said, what we are doing is very purposeful. Doing something meaningful now supersedes that disappointment.”

Shanta Zimmer, senior associate dean for education at the University of Colorado School of Medicine, said the school decided that 184 third-year medical students would not return to their clinical rotations starting last Monday, for at least four weeks. “The most important reason is actually to help preserve PPE,” she said, referring to masks and other protective equipment, “and to let the important front-line providers have access to that.”

Dustin Lamb, a student at the University of Colorado Medical School, accepted medical supplies during a public drive in Denver on Sunday. Credit: David Zalubowski/Associated Press.

Shipment of 2 million masks to ease Colorado’s medical supply shortage in face of coronavirus’ spread

When caring for a person who could have COVID-19, providers should wear a mask, an eye shield, gloves and a gown, said Michelle Barron, medical director for infection control and prevention at University of Colorado Hospital [and professor of medicine at CU School of Medicine].
Volunteer **Derek Wilson**, a medical student with the Colorado School of Medicine, takes donations people during a drive to collect personal protective equipment (PPE) and other medical supplies to address the shortages during the Covid-19 pandemic in front of Empower Field at Mile High in Denver on March 22, 2020. Photo credit: Helen H. Richardson, Denver Post.

Volunteer **Claire Koljack**, a medical student with the Colorado School of Medicine, waits to take donations during a drive to collect personal protective equipment (PPE) and other medical supplies to address the shortages during the Covid-19 pandemic in front of Empower Field at Mile High in Denver on March 22, 2020. Photo credit: Helen H. Richardson, Denver Post.

*Denver Post, March 23, 2020*

**Colorado hospitals in “a world of trouble” without social distancing, ER doctor says**

**Richard Zane**, chief of emergency medicine at the UCHHealth University of Colorado Hospital [and chair of the emergency medicine at CU School of Medicine] in Aurora, said: “We must do social distancing, or else someone’s going to have to make a decision about who gets a ventilator and who doesn’t.”

*Channel 7, March 24, 2020*

**Coronavirus In Colorado: Hospital Running Low On Personal Protective Equipment**

“We have (only) days worth of PPE at our current rate. We are looking for alternatives and contingencies and I think we’re making good progress,” said **Richard Zane**, Chief Innovation Officer for UCHHealth and chair of emergency medicine for the University of Colorado School of Medicine.

*CBS4, March 25, 2020*

**UCHealth University of Colorado Hospital could be days from PPE shortage, doctor says**

**Richard Zane**, the University of Colorado Chair of Emergency Medicine, said, “We could run into more problems if it continues to double and we don’t have more supply of personal protective equipment.”
**Fox31, March 25, 2020**

**As Colorado Coronavirus Cases Climb, ‘There Is Clearly A Surge Here’**

“There's no way to describe it,” said Richard Zane, chair of the Department of Emergency Medicine at the University of Colorado School of Medicine. “These next two weeks are going to define how bad the next 18 months are. It's either going to be a little bad, or it's going to be a s---show.”

“The shortages of PPE are really frightening. Providers are willing and ready to go to work and help patients — this is what we signed up for and dedicated our careers for,” said Emmy Betz, an emergency room physician at University of Colorado School of Medicine…. Betz worries about techs, environmental services workers and others in hospitals, “many of whom don’t make huge salaries and work very long hours.”

**CPR News, March 24, 2020**

**Colorado hospitals are preparing their doctors and nurses for an all-hands-on-deck coronavirus fight**

Jean Kutner, chief medical officer for UCHealth University of Colorado Hospital, said pulmonologists at Children’s Hospital Colorado have offered to help. And they’re pulling together best practices and treatment plans across the entire UCHealth system to make sure physicians are best prepared to handle any coronavirus patient who needs care.

**Colorado Sun, March 25, 2020**

**Coronavirus cases in Colorado still expected to climb as officials tighten social distancing measures**

“There’s always a potential for a resurgence, if there’s still people out there who are still sick,” said Kathryn Colborn, research director for surgical outcomes and applied research at the University of Colorado’s Anschutz Medical Campus. “One thing you have to consider really in all of this is can you suppress the transmission long enough to prepare hospitals, health care systems for the number of cases they might see.”

**Denver Post, March 25, 2020**

**As Colorado coronavirus case count rises, concerns grow over number of hospital beds**
About 1,400 are considered critical care beds and half of those are currently occupied, according to Kathryn Colborn, a research director for surgical outcomes at the University of Colorado Anschutz Medical Campus. “The idea is to buy us time right now with the social distancing measures so that we can expand bed capacity across the state,” said Colborn.

*Fox31, March 25, 2020*

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<th>From the coronavirus front lines, a Colorado doctor sees a tipping point that “could go either way”</th>
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<td>“Normally in our practice we do like 15, 16 major operations a week,” said Saketh Guntupalli, [associate professor of obstetrics and gynecology and director of the division of gynecologic oncology]. “That has probably been cut in half. We still operate on the most urgent patients, such as ovarian cancer patients. That’s something that can’t wait.”</td>
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*Denver Post, March 22, 2020*

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<th>State lab has backlog thousands of tests deep for COVID-19</th>
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<td>While testing supply shortages have limited that number, Connie Savor Price, [Denver Health’s] Chief Medical Officer [and professor of medicine at CU School of Medicine], said the in-house testing has allowed her staff to save on an ever-dwindling supply of personal protective equipment. … “When we can’t get quick test results back, we have to treat everyone... as a positive patient. So, we’re going through masks and gowns and all of the equipment that must go with an isolated patient,” she said. “Being able to diagnose quickly helps preserve the equipment we need to protect health care workers.”</td>
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*9News, March 20, 2020*

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<th>Two Denver hospitals start in-house COVID-19 testing, results in 24 hours rather than days</th>
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<td>“You gain a lot of time with the transport to a large commercial lab in another location and that’s probably the greatest savings in terms of why it’s so much faster,” said Stephen Frankel, Executive Vice President of Clinical Affairs at National Jewish Health [and professor of medicine at CU School of Medicine]. National Jewish Health announced Monday it began local testing for the virus over the weekend, starting with only hospitalized patients and health care workers. Denver Health said it got approval from the U.S. Food and Drug Administration (FDA) late last week to launch localized COVID-19 tests.</td>
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*Denver Health said it got approval from the U.S. Food and Drug Administration (FDA) late last week to launch localized COVID-19 tests.*
testing, but stressed testing is only for patients who are sick enough to need hospital care and health care workers at this time. … As of Monday, maximum capacity for testing at Denver Health is 276 tests per day, according to Michael Wilson, Director of Department of Pathology and Laboratory Services [and professor of pathology at CU School of Medicine].

Channel 7, March 23, 2020

Coronavirus: Why has COVID-19 caused so many deaths worldwide? Your risk revealed

Daniel Pastula, who works at UCHealth University of Colorado Hospital [and CU School of Medicine], explained how the virus could easily infect the human body, as we have no pre-existing defences against it, adding: “Our bodies don’t immediately recognise it as a dangerous intruder.”

Express (London), March 20, 2020

CU professor weighs in on malaria drug that may help treat coronavirus

Jean Mulcahy-Levy, an investigator at the University of Colorado Cancer Center and associate professor in the CU School of Medicine Department of Pediatrics, has been studying chloroquine since 2009. … She says viruses can hijack the process to use the proteins to build more copies of themselves. “[What] chloroquine is doing is blocking the recycling program and therefore blocking building supplies essentially for cancer cells or infected cells or arthritis cells,” Mulcahy-Levy said.

Channel 7, March 20, 2020

Ethical dilemmas in the age of coronavirus: Whose lives should we save?

“Everyone’s on red alert and gaming things out and saying, ‘What are we going to do if…?’” said Matthew K. Wynia, director of the Center for Bioethics and Humanities at the University of Colorado.

Los Angeles Times, March 19, 2020

U.S. Hospitals Prepare Guidelines For Who Gets Care Amid Coronavirus Surge

“So if you had someone who was an upstanding member of the local community or a big donor to the hospital or a well-known politician
versus a clerk at the 7-Eleven or a homeless person," said Matthew Wynia, an infectious disease and public health specialist who directs the University of Colorado's Center for Bioethics and Humanities, each of those patients should be evaluated equally.

*NPR, March 21, 2020*

**Who Should Be Saved First? Experts Offer Ethical Guidance**

“It would be irresponsible at this point not to get ready to make tragic decisions about who lives and who dies,” said Matthew Wynia, director of the Center for Bioethics and Humanities at the University of Colorado.

*The New York Times, March 24, 2020*

**If it gets bad, Colorado doctors have a plan for who gets lifesaving coronavirus treatment – and who doesn’t**

“It’s very military-style triage,” said Matthew Wynia, the director of the Center for Bioethics and Humanities at the University of Colorado Anschutz Medical Campus and a national expert on crisis standards of care. “If we get hit that hard, we are going to have some very difficult decisions to make. And we can’t wait until then to get ready for that. So at this point, our philosophy is that it would be irresponsible not to plan right now for a huge surge of patients.”

Colorado’s official *crisis standards of care plan* was signed by then-Gov. John Hickenlooper in 2018 after years of work both locally and nationally. Stephen Cantrill, an emergency medicine specialist at Denver Health [and visiting associate professor of clinical practice of emergency medicine for CU School of Medicine] who helped write the standards, said the need to develop something to provide doctors both guidance and legal protection stemmed from the nation’s experience during Hurricane Katrina, when hospitals were left without electricity and doctors couldn’t save all their patients.

*Colorado Sun, March 24, 2020*

**Treating Asthma in the Age of the Coronavirus**

“Everyone can be affected, but patients with underlying respiratory disease are more susceptible to having more severe disease, it can exacerbate the underlying disease more severely,” Michael E. Wechsler, a professor of medicine [at CU School of Medicine] and a pulmonologist at National Jewish Health, said. “These patients are more likely to get sick, more likely to require urgent care visits and hospitalizations.”
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<td>MD Magazine, March 19, 2020</td>
<td>Colorado Experts: Packages Unlikely To Be Contaminated With Coronavirus</td>
<td>“The risk is thought to be very low. The risk of transmission from that sort of thing,” said <strong>Sean O'Leary</strong>, an Associate Professor of Pediatrics and Infectious Diseases at the University of Colorado School of Medicine.</td>
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<td>CBS4, March 25, 2020</td>
<td>Your No-Panic Guide: Am I Doing Social Distancing Right?</td>
<td>This counts as an essential trip, of course. But try going to the grocery store during off-peak hours, when it’s less likely to be crowded, says <strong>Sean O'Leary</strong>, an associate professor of pediatrics and infectious diseases at the University of Colorado School of Medicine.</td>
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<td>LAist, March 19, 2020</td>
<td>Are Red Eyes a Symptom of Coronavirus? Nurse Claims Patients Look Like They’re Wearing Red Eye Shadow But Doctors Stress It’s Too Early to Say</td>
<td><strong>Sean T. O'Leary</strong>, associate professor of pediatrics at University of Colorado Denver Anschutz Medical Campus, similarly stressed to <em>Newsweek</em> that reports of COVID-19 patients with conjunctivitis “are in the minority” and we should be careful about drawing conclusions from the experiences of a single or a few patients, he said.</td>
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<td>Newsweek, March 26, 2020</td>
<td>Scientists exposed to coronavirus wonder: why weren’t we notified?</td>
<td>“In the middle of a known pandemic, how is this not moving faster?” asks <strong>David Pollock</strong>, an evolutionary genomicist at the University of Colorado School of Medicine in Aurora who attended the meeting.</td>
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ICE Is Ignoring Recommendations to Release Immigrant Detainees to Slow the Spread of Coronavirus

In a letter published on Thursday, Carlos Franco-Paredes, a professor in the University of Colorado School of Medicine’s infectious diseases division, painted a grim picture of how the coronavirus could affect people in detention: For an immigration detention center that holds 1500 detainees, we can estimate that 500-650 may acquire the infection. Of these, 100 to 150 individuals may develop severe disease potentially requiring admission to an intensive care unit. Of these, 10-15 individuals may die from respiratory failure.

Mother Jones, March 20, 2020

A 42-year-old died in ICE custody, becoming their 10th death in six months

Carlos Franco-Paredes, a professor in the University of Colorado School of Medicine’s infectious diseases division, pointed out in an open letter last week that immigration detention facilities could become particularly lethal during the pandemic due to their large population density.


Coronavirus puts spotlight on infection control at Colorado hospitals

Infection control specialists have been training staff on how to properly use all protective equipment, because while employees may have used a face shield or a respirator before, they typically don’t need to use so many protective layers as they do now, said Michelle Barron, medical director for infection control and prevention at University of Colorado Hospital [and professor of medicine at CU School of Medicine].

The processes to avoid spreading the new virus are relatively simple. Staff need to put on their full protective equipment and quickly move the patient to an isolation room, then decide if the patient needs to be tested, stay in the hospital or go home, said Darlene Tady, vice president of clinical affairs for the Colorado Hospital Association [and associate professor of medicine for CU School of Medicine].

Denver Post, March 23, 2020
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<td><strong>Coronavirus could cost Colorado universities $174M in student refunds</strong></td>
<td>The University of Colorado System stands to lose the most in Colorado, with CU Boulder looking at as much as $59.2 million in refunds, University of Colorado Colorado Springs facing $7.9 million and CU Denver along with its Anschutz Medical Campus looking at $3 million in refunded revenue, based on the DOE data.</td>
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<td><strong>Fresh donor egg better than frozen for IVF</strong></td>
<td>“We can now confidently say that choosing to utilize fresh donor eggs along with transferring a single embryo instead of multiple embryos will provide the best chances for a healthy mother and a healthy baby,” senior author Alex Polotsky said in a University of Colorado news release. He’s chief of the Division of Reproductive Endocrinology at the university’s School of Medicine in Aurora.</td>
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<td><strong>Dementia has no cure, but researchers and caregivers have found ways to improve quality of life</strong></td>
<td>“I get about 90, 95 percent of my diagnosis from talking to them, getting to know them,” Samantha Holden, a behavioral neurologist with University of Colorado Health [and assistant professor of neurology at CU School of Medicine], said. “Even though we can’t cure these things, we can definitely manage them and make sure we’re improving people’s quality of life.”</td>
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<td><strong>Intermittent fasting, a new trend in dieting, focuses on when you eat</strong></td>
<td>“No one diet works for everyone,” said Vicki Catenacci, an associate professor of medicine in endocrinology, metabolism and diabetes at the University of Colorado.</td>
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During pandemic, Texas Tech HSC medical students learn what’s next for them at virtual Match Day

A milestone day Priscilla Collier has looked forward to for years went differently than expected, a new reality for many as events are canceled or postponed in response to the coronavirus pandemic. Collier is a fourth-year medical student at the Texas Tech University Health Sciences Center School of Medicine who learned Friday she would spend her internal medicine residency at the University of Colorado School of Medicine in Denver, her first choice.

Lubbock Online, March 20, 2020